Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Attorney Docket No. 16-00							
UTILITY PATENT APPLICATION TRANSMITTAL	First Inventor RADATTI							
*	Title SOFTWARE VIRUS DETECTION METHODS AND APPARATUS							
for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EL598875866US							
APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application conten	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
1. \omega	 7. [] CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. [] Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. [] Computer Readable Form (CRF) b. [] Specification Sequence Listing on: 1. □ CD-ROM or CD-R (2 copies); or ii. □ paper c. [] Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. [X] Assignment Papers (cover sheet & document(s)) / 10. [] 37 CFR 3.73(b) Statement [X] Power of Attorney (when there is an assignee) 11. [] English Translation Document (if applicable) 12. [] Information Disclosure [] Copies of IDS Statement (IDS)/PTO-1449 Citations 13. [] Preliminary Amendment 14. [X] Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. [] Certified Copy of Priority Document(s) (if foreign priority is claimed) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). 16. [] Applicant must attach form PTO/SB/35 or its equivalent. 17. [] Other: 							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: [] Continuation								
Name Peter V. Radatti, President Address CyberSoft, Inc.	Peter V. Radatti, President							
Country US								
Name (Print/Type) Signature Joseph E. Chovanes	Registration No. (Attorney/Agent) 33,481							
390422.1	Σαιτ Αριίι (3, 200)							

CERTIFICATION UNDER 37 CFR § 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on 04/19/2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37CFR § 1.10, Mailing Label Number EL598875866US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

Karen Spina*

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001 Patient fees are subject to annual revision. Patient fees are subject to annual revision. TOTAL AMOUNT OF PAYMENT The Commissioner is breeby sufforcized to charge indicated fees and crieft are your payments to. Deposit Account South of the subject to annual revision. South of the subject to annual revision. South of the subject to annual revision. The Commissioner is breeby sufforcized to charge indicated fees and crieft are your payments to. Deposit Account South of the subject to annual revision. The Commissioner is breeby subfraction of St. Part of the subject to charge indicated fee and crief the subject to the subject t	FEE TRANSMITTAL for FY 2001		Complete if known								
Patent fees are subject to annual revision.											
Pattent Fees are subject to annual revision.											
Comparison Com					First N	First Named Inventor		R	RADATTI		
Account	Patent fees are subject to annual revision.			Examiner Name							
The Commissioner's kereiny authorized to clarge indicated less and crutic sary over payments to.				Group	Group Art Unit						
The Commissioner is brethy authorized to charge indicated fee and order han yover payments to: Deposit	TOTAL AMOUNT OF PAYMENT (\$) 395						1	16-00			
Deposit	MET	HOD OF PAYMEN	T								
Deposit	1 [V] a										
Deposit		•	-		0. 112						
Pee Rec		<u> </u>	101112 10.	,							
Deposit	Account 50-0724					Fee	Fee Description	Fee Paid			
Charge Any Additional Fee Required 137 130 139 130 130 139 130	Deposit								Surcharge - late filing fee or oat	th	
Charge Any Additional Fee Required 139 130 139 130	L			,							
Charge Any Additional Free Required Under 3° CFR 1.13 of 1.17 112 920° 112 920° 122 920° 123 920° 124 920° 125 920° 12	Name				127	30	221	23			
Under 37 CFR 1.16 and 1.17 Applicant claims small emity status See 37 CFR 1.27 2. EX Payment Enclosed 112 920* 112 920* 12	Charge Any A	dditional Fee Required			139	130	139	130			
Sec Applicant claims small cuity status 112 920° 12 92					147	2,520	147	2,520			
See 37 CFR 1.27	Applicant clai	ms small entity status			112	020*	112	020*		rior to	
2. Paywent Enclosed		•			112	920	112	720		1101 10	
115 110 215 55 Extension for reply within first month					113	1,840*	113	1,840*		fter Examiner	
Check Credit Card Money Order Other	2. Payment E	nclosed			115	110	215	55		month	
117 890 217 445 Extension for reply within third month	Check Core	lit Card Money Or	der 🗀 Oth	ner .			216	195	Extension for reply within secon	nd month	
18		in Card - Money Or	uci 🗀 Ou.	101	İ						
18					117	890	217	445	Extension for reply within third	month	
119 310 219 155 Notice of Appeal	17 (5)			118	1,390	218	695	Extension for reply within fourt	h month		
119 310 219 155 Notice of Appeal					128	1,890	228	945	Extension for reply within fifth	month	
10	18 (18)				119	310	219	155	Notice of Appeal		
Fee	4.1									ppeal	
Code (S) Code (Code (S) Code (S) Code (Code (S) Code (Code (S)	Large Entity Small		lou		121	270	221	135	Request for oral hearing		
10	Code (\$) Code		•		138	1,510	138	1,510	Petition to institute a public use	proceeding	
142 1,240 242 2620 Utility issue fee (or reissue)				55	1						
1						-					
123 50 123 123 124	108 710 208	_			1						
123 50 123 123 124	114 150 214	_	· i—		1						
126	1	SUBTOTAL (1) \$3	55	122	130	122	130			
Total Claims		FEES			123	50	123	50	Processing fee under 37 CFR 1.17(q)		
Total Claims 12 - 20** = 0 X 18 = \$ \$ \$ \$ \$ \$ \$ \$ \$					J			180			
Total Claims 12 - 20** = 0 X 18 = \$ 146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))				Foo Doid	581	40	581	40			
Total Claims		Extra Ciannis Dei			146	710	246	355			
Independent 3 - 3 ** 3 ** 5 ** 6 ** 5 ** 6 ** 5 ** 6 ** 6	Total Claims 12 - 20	** = 0 X	18 = \$;	ļ				CFR § 1 129(a))		
Multiple Independent O + 270 = \$ Large Entity Small Entry Fee Fee Fee Fee Fee Fee Fee Fee Gode (\$) Code Code (\$) Code Code Code (\$) Code Code The independent claims in excess of 20 and over original patent SUBTOTAL (2) ***or number previously paid, if greater, For Reissue, see above Name (Print/Type) Name (Print/Type) Multiple Independent Independent Code Small Entry Fee		** = 0 X	80 = \$;	149	710	249	355			
Fee Fee Fee Fee Code Fee Description 169 900 169 900 Request for expedited examination of a design application Other fee (specify) 103		0 + 2	270 = \$;	179	710	279	355	Request for Continued Examina	tion (RCE)	
Code (\$) Code Code 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claims over original patent 110 18 210 9 **Reissue independent claims over original patent **Tor number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Registration No. (Attomey/Agent) Registration No. (Attomey/Agent) Registration No. (Attomey/Agent) Registration No. (Attomey/Agent)	Large Entity Small	Entity			1	2.5.5		0.5.5	D		
Other fee (specify) 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) ***or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Registration No. (Attomey/Agent) Registration No. (Attomey/Agent) Registration No. (Attomey/Agent)			on		169	900	169	900		ion of a	
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) **or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)					Other fe	e (specify)					
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) 33,481 Telephone (215) 575-7000				. 60							
109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) (215) 575-7000					*Reduc	ed by Ba	sic Filin	g Fee Paid	d SUBTO	VIAL (3) \$40	
110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) **or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) (215) 575-7000		40 **Reissue inc	lependent cla		1						
**or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) (215) 575-7000	110 18 210	9 **Reissue clai	ms in excess of	of 20 and							
**or number previously paid, if greater; For Reissue, see above SUBMITTED BY CUSTOMER NO. Complete (if applicable) Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) (215) 575-7000	· .										
Name (Print/Type) Joseph E. Chovanes Registration No. (Attorney/Agent) 33,481 Telephone (215) 575-7000		if greater; For Reissue, see a									
(1.110-110) 1.150-110	SUBMITTED BY CUSTOMER NO. Complete (if applicable)										
Signature Date April 19, 2001	Name (Print/Type)	Joseph E. Cl	novanes				33,481 Telephone (21)		(215) 575-7000		
									Date	April 19, 2001	